FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 826959

1. Corporation Name



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90097 024 ***158.75

	(B) I DIBI BIBI BIBI	
	1811 - 1 1811 - 11811 - 11811	
	i i i i i i i i i i i i i i i i i i i i	ELEK ELEK ELEK ILE

NEW ZE	ALAND LAMB COMPANY, I	INC,							
Principal Place	e of Business	Mailing Address	-			- 1 300101 10310 11010 61110 10101 0			B B B D
106 CORPORATE PARK DRIVE 106 CORPORATE PARK SUITE 113 SUITE 113		106 Corporate Park Driv Suité 113 White Plains ny 10604				DO NOT WR		SPACE	
US		US				3. Date incorporated or Qualifed 11/01/1971			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		/	Applied For
21		26				36-2721201			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		T	Additional
22		27	_ •				Ŧ		Required
City & State	e	City & State				6. Election Campaign Financing			May Be to Fees
23	Country	28 Tip	Country			Trust Fund Contribution	root woor late		J to rees
Zip	Country	Zip	10 COUNTRY	у		This corporation owes the cur Personal Property Tax.	reni year inta	angible ∐Yes	□No
24	9. Name and Address of Curre		<u> </u>			10. Name and Address of New	Registered /	_	
	v. Hante and Address of Carre		81	Na Na	ıme		-		
CT C	ORPORATION SYSTEM		-	 		ss (P.O. Box Number is Not Accept	ahla)		
1200	S. PINE ISLAND ROAD		82	2 50	reet Addre:	ss (P.O. Box Number is Not Accept	aul e)		
PLAN	NTATION FL 33324		83	3					
				1 -				85 Zi	Code
			84	4) Ci	ıy		FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abov	ve-nar	ned corpo	ration submits this statement for the	purpose of	changing i	is registered
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was aut pations of, Section 607.0505, Florid	nonzed by da Statutes	s.	corporation	n's board of directors. Thereby acce	pt the appoir	changing introduced as	registered
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature, typed or printed name of registered ag	e of Florida. Such change was au jations of, Section 607.0505, Floridations of the important change was au jent and title if applicable. (NOTE: F	nonzed by da Statutes	s.	corporation	ration submits this statement for the n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE		
office or nagent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida, Such change was aut pations of, Section 607.0505, Florid	nonzed by da Statutes Registered Age	s.	corporation	when reinstating)	DATE		FORS IN 12
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida, Such change was autiliations of, Section 607.0505, Florid jent and title if applicable. (NOTE: F IND DIRECTORS	da Statutes Registered Age	y the (corporation	when reinstating)	DATE	D DIREC	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A CD BETTIE, R G	e of Florida, Such change was autiliations of, Section 607.0505, Florid jent and title if applicable. (NOTE: F IND DIRECTORS	Registered Age 1.1 TITLE	y the o	ature required	when reinstating)	DATE	D DIREC	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature, typed or printed name of registered ag OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE	e of Florida, Such change was autiliations of, Section 607.0505, Florid jent and title if applicable. (NOTE: F IND DIRECTORS	Registered Age 1.1 TITLE 1.2 NAME	y the d	ature required	when reinstating)	DATE	D DIREC	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A CD BETTIE, R G	e of Florida, Such change was autiliations of, Section 607.0505, Florid jent and title if applicable. (NOTE: F IND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	y the d S. ent sign: ET ADDI ST-ZIP	ature required	when reinstating)	DATE	D DIREC	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE KHANDALLAH NE	e of Florida, Such change was aurilations of, Section 607.0505, Floridant and title if applicable. (NOTE: FIND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	ent sign	ature required	when reinstating)	DATE	D DIREC	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature, typed or printed name of registered ag OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE KHANDALLAH NE SDVP	e of Florida, Such change was aurilations of, Section 607.0505, Floridant and title if applicable. (NOTE: FIND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	ent sign	ature required	when reinstating)	DATE	D DIREC	FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE KHANDALLAH NE SDVP MICHAUD, EDWARD J	e of Florida, Such change was aurilations of, Section 607.0505, Floridant and title if applicable. (NOTE: FIND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ent sign:	ature required	when reinstating)	DATE	D DIREC*	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE KHANDALLAH NE SDVP MICHAUD, EDWARD J 3120 CORRIGAN DRIVE MISSISSAGEA ON PD	e of Florida, Such change was aurilations of, Section 607.0505, Floridant and title if applicable. (NOTE: FIND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	ent sign	ature required	when reinstating)	DATE	D DIREC	FORS IN 12 e Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE KHANDALLAH NE SDVP MICHAUD, EDWARD J 3120 CORRIGAN DRIVE MISSISSAGEA ON PD COMFORT, J. BRIAN	e of Florida, Such change was aurillations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent sign	ature required	when reinstating)	DATE	D DIREC*	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A CD BETTIE, R G 19 LOCKNOW TERRACE KHANDALLAH NE SDVP MICHAUD, EDWARD J 3120 CORRIGAN DRIVE MISSISSAGEA ON PD COMFORT, J. BRIAN 1693 KELSEY CT	e of Florida, Such change was aurillations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	y the displayment sign. ET ADDI ET AD	ature required the	when reinstating)	DATE	D DIREC*	FORS IN 12 e Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the company of the com	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 3.4 CITY	y the display strain sign. ET ADDI ET ADDI ET ADDI ET ADDI ST-ZIP ET ADDI ST-ZIP	ature required the	when reinstating)	DATE	D DIREC*	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the composition of the composit	e of Florida, Such change was aurillations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	y the displayment sign. ET ADDI ST-ZIP ET ADDI ST-ZIP	ature required the	when reinstating)	DATE	D DIREC*	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the composition of the composit	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	y the displayment sign. ET ADDI ST-ZIP ET ADDI ST-ZIP ET ADDI ET ET ADDI ET E	RESS	when reinstating)	DATE	D DIREC*	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the control of the con	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	y the construction of the	RESS	when reinstating)	DATE	D DIREC*	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the composition of the composit	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ST-ZIP ET ADDI ST-ZIP ET ADDI ST-ZIP ET ADDI ST-ZIP	RESS	when reinstating)	DATE	D DIREC Chang	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the control of the con	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.1 TITLE	ST-ZIP ET ADDI ST-ZIP ET ADDI ST-ZIP ET ADDI ST-ZIP	RESS	when reinstating)	DATE	D DIREC*	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A O	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	s. ET ADDI ST-ZIP ET ADDI ST-ZIP E ET ADDI ST-ZIP E ET ADDI ST-ZIP	RESS RESS	when reinstating)	DATE	D DIREC Chang	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A O	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	s. ent sign. ent sig	RESS RESS	when reinstating)	DATE	D DIREC Chang	FORS IN 12 e
office of ragent. I a SIGNATURE 12. 111. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A O	e of Florida. Such change was aunitations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE DELE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	y the of s. ent sign. ent sign.	RESS RESS	when reinstating)	DATE	D DIREC Chang	FORS IN 12 e
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A O	e of Florida. Such change was aurilations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	s. ent sign. ET ADDI ST-ZIP ET ADDI ST-ZIP E ET ADDI ST-ZIP E ET ADDI ST-ZIP ST-ZIP ST-ZIP	RESS RESS	when reinstating)	DATE	D DIREC Chang	FORS IN 12 e
office of ragent. I a SIGNATURE 12. 111. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency of the control of the con	e of Florida. Such change was aunitations of, Section 607.0505, Florid pent and title if applicable. (NOTE: FIND DIRECTORS DELETE DELE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.1 TITLE	st-zip ET ADDI ST-zip	RESS RESS	when reinstating)	DATE	D DIREC Chang	FORS IN 12 e

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP